PITLARGE/REV06

The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE  TOTAL CLAIMS 6 20 = 0 x \$18.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0
Serial No. 09/040,569 March 18, 1998 March 18, 1998 March 18, 1998  Invention: INFORMATION SIGNAL TRANSMISSION DEFICE    TO THE COMMISSIONER FOR PATENTS:
TO THE COMMISSIONER FOR PATENTS:  MAY 2 7 2004  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 6 - 20 = 0 x \$18.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Transmitted herewith is an amendment in the above-identified application.  Technology Center 2600 The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 6 20 = 0 0 x \$18.00 \$0.00 INDEP. CLAIMS 1 3 = 0 x \$86.00 \$0.00 INDEP. CLAIMS 1 3 = 0 x \$86.00 \$0.00 INDEP. CLAIMS 1 5 = 0 x \$86.00 \$0.00 INDEP. CLAIMS 1 5 = 0 x \$86.00 \$0.00  Multiple Dependent Claims (check if applicable)
The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE  TOTAL CLAIMS 6 20 = 0 x \$18.00 \$0.00  NDEP. CLAIMS 1 3 = 0 x \$86.00 \$0.00  Multiple Dependent Claims (check if applicable) 50.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  While the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818  Any patient application processing fees under 37 C.F.R. 1.16.  Any patient application processing fees under 37 CFR 1.17.  Peter Zura Reg. No. 48,196  P.O. 8ox 1135  Chicago, Illinois 60690-1135  (312) 807-4354
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE  TOTAL CLAIMS 6 - 20 = 0 x \$18.00 \$0.00  NDEP. CLAIMS 1 - 3 = 0 x \$86.00 \$0.00  Multiple Dependent Claims (check if applicable)  \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  **TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  **Discourage Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818  Any additional fing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Peter Zura Reg. No. 48,196  P.O. Box 1135  Chicago, Illinois 60690-1135  (312) 807-4354
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT CLAIMS RATE FEE  TOTAL CLAIMS 6 20 = 0 x \$18.00 \$0.00  NDEP. CLAIMS 1 3 = 0 x \$86.00 \$0.00  Multiple Dependent Claims (check if applicable)
AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE  TOTAL CLAIMS 6 20 = 0 x \$18.00 \$0.00  NDEP. CLAIMS 1 3 = 0 x \$86.00 \$0.00  Multiple Dependent Claims (check if applicable)
No additional fee is required for amendment.    No additional fee is required for amendment.   So.00
Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment.  Please charge Deposit Account No.  A check in the amount of  A check in the amount of  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818  Any additional filing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Dated: May 19, 2004  Peter Zura  Reg. No. 48,196  P.O. Box 1135  Chicago, Illinois 60690-1135  (312) 807-4354
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT    No additional fee is required for amendment.
No additional fee is required for amendment.    Please charge Deposit Account No. in the amount of     A check in the amount of   to cover the filing fee is enclosed.   The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818   Any additional filing fees required under 37 C.F.R. 1.16.     Any patent application processing fees under 37 C.F.R. 1.17.    Dated: May 19, 2004   May 19, 2004   Certify that this document and fee is being deposited with the U.S. Postal Service as find a class and it under 37 C.F.R. 1.8 and is addressed to the class and it under 37 C.F.R. 1.8 and is addressed to the class and it under 37 C.F.R. 1.8 and is addressed to the control of the control
P.O. Box 1135 Chicago, Illinois 60690-1135 (312) 807-4354  Signature of Person Malling Correspondence  Renee Street
CC. Track or Printed Name of Person Mailing Correspondence